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SHORES HEALTH/REHAB CENTER 6925 NORTH PORT WASHINGTON ROAD

GLENDALE 53217 Phone: (414) 352-3300 Ownershi p: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 210 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 398 Average Daily Census: 195 Number of Residents on 12/31/00: 186

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	55. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	18. 8
Supp. Home Care-Household Services	No	Developmental Disabilities	11.8	Under 65	32. 8	More Than 4 Years	25. 8
Day Services	No	Mental Illness (Org./Psy)	16. 1	65 - 74	21.0		
Respite Care	Yes	Mental Illness (Other)	36. 6	75 - 84	29. 6		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 1	85 - 94	13. 4	************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.6	95 & 0ver	3. 2	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 5		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	4. 3	65 & 0ver	67. 2		
Transportation	No	Cerebrovascul ar	5. 9			RNs	9. 4
Referral Service	No	Diabetes	3.8	Sex	%	LPNs	6. 5
Other Services	No	Respi ratory	3. 2			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	15. 1	Male	54.8	Aides & Orderlies	47. 0
Mentally Ill	No			Female	45. 2		
Provi de Day Programming for			100.0			I	
Developmentally Disabled	No				100. 0		

Method of Reimbursement

		Medicare Medicaid			Out.										<b>D</b> (		
	(Title 18)			(Title 19) Other				er	Pri vate Pay				Manage	Percent			
			Per Di	em		Per Die	m		Per Die	m		Per Dien	n		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No	<b>).</b> %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	14	8. 5	\$108.96	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	14	7. 5%
Skilled Care	7	100. 0	\$344.70	94	57. 3	\$93. 88	6	100. 0	\$93.88	7	100. 0	\$168.00	2	100. 0	\$323.00	116	62.4%
Intermediate				37	22. 6	\$78. 80	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	37	19. 9%
Limited Care				4	2.4	\$68.75	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	4	2. 2%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				15	9. 1	\$132.58	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	15	8. 1%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	7	100. 0		<b>164</b> 1	100. 0		6	100.0		7	100.0		2	100.0		186	100.0%

SHORES HEALTH/REHAB CENTER

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Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of $12/31/00$										
Deaths During Reporting Period												
		1			% Needi ng		Total					
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of					
Private Home/No Home Health	3. 3	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents					
Private Home/With Home Health	0.0	Bathi ng	13. 4		<b>50.</b> 0	36. 6	186					
Other Nursing Homes	24. 7	Dressi ng	18. 3		53. 8	28. 0	186					
Acute Care Hospitals	62.8	Transferri ng	38. 2		34. 4	27. 4	186					
Psych. HospMR/DD Facilities	4.3	Toilet Use	33. 9		35. 5	30. 6	186					
Rehabilitation Hospitals	0.0	Eati ng	44. 1		35. 5	20. 4	186					
Other Locations	4. 9	*************	********	*****	********	*********	*********					
Total Number of Admissions	304	Continence		%	Special Trea	ntments	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	7. 5	Recei vi ng	Respiratory Care	4. 8					
Private Home/No Home Health	12.0	0cc/Freq. Incontinen	t of Bladder	45. 7	Recei vi ng	Tracheostomy Care	1. 1					
Private Home/With Home Health	0.0	0cc/Freq. Incontinen	t of Bowel	47. 3	Recei vi ng	Sucti oni ng	2. 2					
Other Nursing Homes	4. 9				Recei vi ng	Ostomy Care	2. 2					
Acute Care Hospitals	57. 5	Mobility			Recei vi ng	Tube Feeding	6. 5					
Psych. HospMR/DD Facilities	3.8	Physically Restraine	d	9. 7	Recei vi ng	Mechanically Altered Diet	s 36.0					
Rehabilitation Hospitals	0.0											
Other Locations	6.0	Skin Care			Other Reside	ent Characteristics						
Deaths	15.8	With Pressure Sores		13. 4	Have Advar	nce Directives	97. 3					
Total Number of Discharges		With Rashes		7. 0	Medi cati ons							
(Including Deaths)	266				Recei vi ng	Psychoactive Drugs	69. 9					
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		0wn	ershi p:	Bed	Si ze:	Li c	ensure:		
	Thi s	Proj	pri etary	20	<b>00</b> +	Ski l	lled	Al l	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	49. 0	74.6	0. 66	80. 3	0. 61	81. 9	0.60	84. 5	0. 58
Current Residents from In-County	95. 2	84. 4	1. 13	84. 7	1. 12	85. 6	1. 11	77. 5	1. 23
Admissions from In-County, Still Residing	33. 2	20. 4	1. 63	28. 9	1. 15	23. 4	1. 42	21.5	1.54
Admissions/Average Daily Census	155. 9	164. 5	0. 95	96. 3	1.62	138. 2	1. 13	124. 3	1. 25
Discharges/Average Daily Census	136. 4	165. 9	0. 82	100.6	1. 36	139. 8	0. 98	126. 1	1.08
Discharges To Private Residence/Average Daily Census	16. 4	62.0	0. 26	26. 4	0. 62	48. 1	0.34	49. 9	0. 33
Residents Receiving Skilled Care	69. 9	89. 8	0. 78	88. 4	0. 79	89. 7	0. 78	83. 3	0.84
Residents Aged 65 and Older	67. 2	87. 9	0. 76	90. 4	0.74	92. 1	0.73	87. 7	0.77
Title 19 (Medicaid) Funded Residents	88. 2	71. 9	1. 23	73. 5	1. 20	65. 5	1. 35	69. 0	1. 28
Private Pay Funded Residents	3. 8	15. 0	0. 25	18. 7	0. 20	24. 5	0. 15	22.6	0.17
Developmentally Disabled Residents	11. 8	1. 3	8. 94	1. 2	9.67	0. 9	13. 30	7. 6	1. 55
Mentally Ill Residents	52. 7	31. 7	1.66	33. 1	1. 59	31. 5	1.68	33. 3	1. 58
General Medical Service Residents	15. 1	19. 7	0. 76	20.6	0. 73	21.6	0.70	18. 4	0.82
Impaired ADL (Mean)	49. 6	50. 9	0. 97	<b>52.</b> 0	0. 95	50. 5	0. 98	49. 4	1.00
Psychological Problems	69. 9	<b>52.</b> 0	1. 35	49. 4	1. 42	49. 2	1.42	50. 1	1.40
Nursing Care Required (Mean)	9. 1	7. 5	1. 22	6.8	1. 34	7. 0	1. 30	7. 2	1. 28